MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.
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Notice of Independent Review Decision

DATE OF REVIEW: **March 2, 2015**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Denial for coverage of outpatient cervical/thoracic epidural steroid injection (ESI), C7-T1. CPT 62310; 77003.26

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery and is currently licensed and practicing in the state of Texas. The reviewer is considered to an expert in their field of specialty with current hands on experience in the denied coverage.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured in xx/xx while lifting and was diagnosed with cervicalgia for which he underwent anterior cervical microdiscectomy, decompression, and fusion at C5-6 and C6-7 with instrumentation on January 10, 2001. underwent conservative treatment for his condition including physical therapy which was documented to make his neck pain worse. Current medications include Zanaflex, Trazodone HCL, Plavix, Aspirin, Enalapril, and Coreg.

CT of the cervical spine dated 02/19/2014 performed revealed postsurgical changes with anterior plate and screws and metal artifact from C5-C7, solid interbody fusion at C5-6, and minimal if any osseous bridging at C6-7 interbody space.

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On 10/14/2014, the patient was seen for followup of his neck pain. The physical examination of the spine revealed signficant spinal tenderness in the paraspinal muscles at base of neck, abnormal motor strength to left upper extremity, positive Spurlings test, and limited range of motion with extension, side bending and rotation. X-ray of the cervical spine was performed which showed C5-6 disc space to have fused completely, lucency at the C6-7 disc space suggesting a pseudoarthrosis, severe spondylosis and narrowing of the disc spaces at C7-T1, and T1 spinous fracture was noted. He was diagnosed with axial neck pain possibly secondary to severe mutlilevel spondylosis, pseudoarthrosis at C5-C6, and possible hardware in C7-T1 disc space. The physician recommended physical therapy of the cervical spine and requested CT myelogram.

CT myelogram of the cervical spine was performed on 11/16/2014 showed post surgical changes at C5-7 compatible with previous ACDF, and DDD at C7-T1. No foraminal or canal stenosis was identified.

After the review of the CT myelogram results 12/04/2014, he recommended the patient to have cervical ESI and to be placed in a physical therapy program.

On 02/03/2015, presented for followup. He was noted to have just finished physical therapy. He reported it made his pain work. He continued to have persistent severe neck pain that interferes with sleep. He also reported more frequent altered sensations such as tingling into his left hand, and constant shoulder ache. There was no physical examination findings documented; however, the physician assesment was that there was adjacent segment disease at C7-T1 below the level of previous fusion C4-7 associated with cervical radicular syndrome into left upper extremity. The treating physician also documented the patient's continued pain despite physical therapy and over-the-counter nonsteroidal anti-inflammatory drugs and that "his exam does show that he has a radiculopathy". Cervical ESI was reordered and upper extremity EMG as well.

UR letter dated 12/18/2014 denied the request for outpatient cervical/ thoracic epidural steroid injection (ESI), C7-T1 because there is no evidence of radiculopathy documented on physical examination, or corroboration by imaging studies and/or EMG. Additionally, there is no documentation that the patient was initially unresponsive to conservative treatment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

As per ODG, "the purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." Further ODG indicates "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing."

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In this case, there is documentation that the patient reports neck pain radiating into the left upper extremity. He was treated with medications and physical therapy did not help. However, there is no documentation of physical exam findings consistent with radiculopathy other than a statement that "his exam does show that he has a radiculopathy." Additionally, the imaging did not demonstrate nerve root impingement or involvement at the proposed level. As such, due to lack of documentation of physical findings correlating with radiculopathy, this patient fails to meet the accepted treatment guidelines for cervical ESI at C7-T1.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**

☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**

☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**

☐ **INTERQUAL CRITERIA**

☐ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

X **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**

☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**

☐ **TEXAS TACADA GUIDELINES**

☐ **TMF SCREENING CRITERIA MANUAL**

☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

ODG- Neck and Upper Back (Acute & Chronic) – Online version
Epidural steroid injections (ESIs)

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Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. [NOTE: This treatment for Low back & Neck pain is primarily covered in those respective chapters.] Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a “series of three” ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. See the Low Back Chapter for more information and references. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) See also Epidural steroid injections, “series of three”. Also see the Neck and Upper Back Chapter.

Sedation: There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. This is of particular concern in the cervical region. (Hodges 1999) Routine use is not recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended. The general agent recommended is a benzodiazepine. (Trentman 2008) (Kim 2007) (Cuccuzzella 2006) While sedation is not recommended for facet injections (especially with opioids) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an ESI but is not contraindicated. As far as monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided.

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.

2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).

3) Injections should be performed using fluoroscopy (live x-ray) for guidance.

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4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.
5) No more than two nerve root levels should be injected using transforaminal blocks.
6) No more than one interlaminar level should be injected at one session.
7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)
8) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.
9) Epidural steroid injection is not to be performed on the same day as trigger point injection, sacroiliac joint injection, facet joint injection or medial branch block.